

**LOST FORM W-2 “REISSUED STATEMENT” REQUEST**

*Please type or print only.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Employee ID # \_\_\_\_\_

Please provide a replacement W-2 for the tax year \_\_\_\_\_.

Once received in the Payroll Department, I am aware that I should allow 3-5 work days to process this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Select one of the following:

**Please note that this form can only be mailed to the address of record. If the address listed below is not the address of record, please complete an Address Change Form.**

Mail to Address of Record

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code)

Hold for Pick-up at 3205 West Davis Street

My contact phone number is \_\_\_\_\_.